

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031466

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 1727

STATE FILE NUMBER

FILED AUG 26 1963

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY RIPLEY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF		c. CITY OR TOWN FREMONT	
Length of stay in 1b 2 1/2 Yrs.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Clark Convelesing Home		d. STREET ADDRESS (If outside, give location) 15 Mi. South	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Joseph Monroe Bridges			4. DATE OF DEATH Month August Day 5, Year 1963		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/8/1887	9. AGE (last birthday) 76	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Ripley Co. Mo.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Andrew Johnson Bridges		13b. MOTHER'S MAIDEN NAME Josephine Gibson	
14. NAME OF HUSBAND OR WIFE Sarah Bridges		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) 1918-1919		17. INFORMANT Mary Davis Briar, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Staticus Epilepticus Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Arterio sclerosis DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 10 hours
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 5 Aug. 1963 to 5 Aug. 1963 and last saw her alive on 9 AM 5 Aug. 63 Death occurred at 4:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) John L. Wright, MD		22b. ADDRESS Poplar Bluff, Mo.	
22c. DATE SIGNED 8/9/63		22d. LOCATION (City, town, or county) (State) Oregon County Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/8/1963	23c. NAME OF CEMETERY OR CREMATORY Wilderness Cemetery	
24. FUNERAL DIRECTOR Pewitt-Sloan		25. DATE RECD. BY LOCAL REG. 8/19/1963	
26. REGISTRAR'S SIGNATURE Thelma Graham		27. REGISTRAR'S SIGNATURE	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

SEP 24 1963

AUG 28 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Donald B. Sloan

Licensed Embalmer No. 5127

P. O. Address VAN BUREN, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.